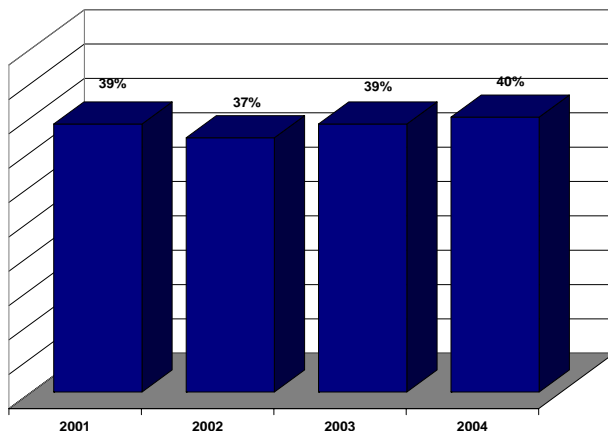


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Figure 1: Juveniles with History of Prior Abuse, by Year of Commitment to ADJC



CURRENT ADJC RESEARCH

Gopal Chengalath and John Vivian, (2006), ADJC Recidivism.

ADJC had a 12 month recidivism rate of 34% for juveniles released during 2004. The vast majority (88%) of the recidivists were parole violators who returned for either a new offense or a technical violation. This is evidence of the ADJC practice of holding juveniles accountable for their behavior while in the community. ADJC had a 36 month recidivism rate of 48% for juveniles released in 2002, and that rate exceeded the departmental average by 1%. Thirty-six months may be the most appropriate recidivism follow-up period to use, because 36 months provides the most accurate picture of juvenile recidivism. R&D found that 80% of all ADJC recidivism occurs within 36 months. ADJC's 36 month recidivism rate compares favorably to other jurisdictions who measure recidivism similarly. A recent Virginia report cautions "it is probably unwise and inadvisable to look at the juvenile recidivism rate for one state and compare it to the rate in another state - the

populations, juvenile justice statutes, and measurement needs of each state are too different." R&D annually updates and recalculates ADJC recidivism rates. Recidivism has been defined as return to custody with ADJC or the Arizona Department of Corrections (ADC). R&D has calculated recidivism rates for 12 or more months for eight release cohorts (1997-2004). The most recent cohort tracked by R&D included juveniles released from ADJC Safe Schools in 2004.

Jennifer Grimes, (2006) ADJC Visitation Study. Zip codes 85041, 85020 and 85205 may provide the most lucrative locations to establish an effective and efficient transportation system to assist families wishing to visit their children at the Adobe Mountain School (AMS). Zip codes 85034 and 85009 may provide additional locations to pilot test an AMS family transportation system provided that the families living there can overcome other visitation barriers. According to official records, more than half of the AMS juveniles did not receive any visitors during December of 2005. This study was undertaken to help inform departmental efforts to promote family involvement with juveniles. Most published research pertaining to correctional transportation addresses the transportation of adult inmates from one prison to another, and very little research is available on the transportation of families to prisons or juvenile institutions. Most research regarding prisoner visitation emphasizes the importance of maintaining social and emotional ties with the incarcerated person, and this social bonding is even more important with juvenile offenders who will be returning home to their parent/primary responsible party upon release.

JUVENILE JUSTICE TRIVIA

How large is the California Division of Juvenile Justice (DJJ)?

JUVENILE JUSTICE LITERATURE REVIEW

Sheila French and Paul Gendreau, (2006), *Reducing Prison Misconducts: What Works, Criminal Justice and Behavior.*

French and Gendreau examine the relationship between correctional treatment programs and inmate misconduct within institutions. They conducted a meta-analysis of 68 studies conducted between 1952 and 2003. They identified three correctional strategies for reducing prison misconduct: 1) get-tough on violators through punishment, e.g., solitary confinement; 2) institute prison management and control strategies; or 3) implement treatment programs. Using the Correctional Program Assessment Inventory (CPAI), they found that program fidelity can reduce inmate misconduct. French and Gendreau noted that behavioral programs were especially effective in reducing institutional misconduct, with those targeting three or more criminogenic needs being especially effective. Greater effects were found for behavioral than for non-behavioral programs. "The practical implications...for prison managers cannot be stressed too highly...misconducts can be reduced by about 26% for behavioral program participants..."

Linda Teplin, Karen Abram, Gary McClelland, Amy Mericle, Mina Dulcan and Jason Washburn, (2006), *Psychiatric Disorders of Youth in Detention, OJJDP, Juvenile Justice Bulletin.*

Juvenile corrections staff face a significant challenge in dealing with youth with mental disorders. Teplin et al., found that "nearly two-thirds of males and three-quarters of females met diagnostic criteria for one or more psychiatric disorders. Many had co-occurring disorders. "Even when conduct disorder was excluded, 60 % of males and 70% of females had one or more psychiatric disorders." The study was based on a random sample of 1,829 juveniles arrested and detained in Cook County (Illinois) between 1995 and 1998. They used the Diagnostic Interview Schedule for Children (DISC) to assess alcohol, drug and mental disorders. Substance abuse and disruptive behavior were the most common disorders. Females had significantly higher odds of having a disorder than males, and more females met criteria for two or more disorders than males. Non-Hispanic whites had the highest rates for many disorders, while African Americans had the

lowest. Older juveniles were more likely to report disorders than younger juveniles. Depression and dysthymia are risk factors for suicide and were common among the 1,829 juveniles, however, they "...are difficult to detect and treat in the corrections milieu."

Civic Research Institute, (2003) "Promising and Effective Practices in Juvenile Day Treatment" in *Effective Program Practices for At-Risk Youth: A Continuum of Community-Based Sanctions* .

Juvenile Day Treatment (JDT) is defined as a community-based program that includes intensive supervision, sanctions, and treatment in a nonresidential setting. The primary goal is to reintegrate juveniles into schools and communities. Effective JDT practices include the following: (1) Stakeholders should have a long-term commitment to the mission and goals of JDT. (2) JDT centers should be fully integrated into the existing educational and juvenile justice systems. (3) Service arrangements with other agencies should be secured to expand programmatic options while reducing costs. (4) The rehabilitation component should be based on validated strategies for changing delinquent values and behaviors. (5) Risk and needs should be assessed and translated into individualized treatment plans (ITP). (6) Case managers should coordinate services and monitor progress toward treatment goals. (7) The program should have a target population with well-defined characteristics and an information system that facilitates case management, and program monitoring/evaluation. (9) Continuous performance measurement must be conducted. (10) Orientation, education, and other similar activities should not be confused with treatment.

JUVENILE JUSTICE TRIVIA ANSWER

The DJJ is relatively small. In fact, the 2005 average daily population was 3,242, despite an average length of stay of 25.9 months.